Fertility preservation
Find out what’s covered by your Berkeley Student Health Insurance Plan (SHIP).

If you are receiving services for gender dysphoria or treatment that may make it difficult to have children in the future, your Berkeley SHIP may cover fertility preservation as part of your benefits.

Here are some questions and answers about what’s covered and how to get care.

1. What is my share of the cost for fertility preservation?

<table>
<thead>
<tr>
<th></th>
<th>In-network</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$300 (applies to services received outside of the Tang Center)</td>
<td>$300 (applies to services received outside of the Tang Center)</td>
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<tr>
<td><strong>Copay/Coinurance</strong></td>
<td>$15 copay for consultation (deductible waived for a consultation)</td>
<td>$250 copay plus 10% after consultation (40% for consultation)</td>
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<td></td>
<td>$250 copay plus 10% after consultation (40% for consultation)</td>
<td>$250 copay plus 40% after consultation</td>
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<tr>
<td><strong>Annual storage costs</strong></td>
<td>Covered at 90% while on Berkeley SHIP</td>
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<tr>
<td><strong>Lifetime maximum</strong></td>
<td>$20,000 (fertility medication doesn’t apply to this maximum)</td>
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</table>
2. **Does fertility preservation require a referral from the Tang Center?**

Yes, call **1-510-642-5700** or email **ship@berkeley.edu** for information on getting a referral.

3. **Does Anthem need to precertify fertility preservation?**

Yes, you should submit a request for precertification through the Berkeley SHIP office. Precertification lets us make sure treatment is appropriate for your care.

Prior authorization for fertility preservation medications is separate from precertification for medical services. Please see below for more details regarding prior authorization for fertility preservation medications.

4. **Does my plan cover fertility preservation medications?**

Yes. However, you may need to get prior authorization, or approval from Anthem, for fertility drugs. The treating doctor’s office should handle prior authorization for fertility medication. To see which drugs require prior authorization, see this list: click [here](#).

5. **How do I find a fertility preservation provider?**

To access a list of fertility preservation providers along with other specialized providers, click [here](#).

6. **Do I need to submit a claim?**

**If the provider is in-network,** the provider will submit claims to Anthem.

**If you’re seeing an out-of-network provider, you may need to pay when you get care.** To be reimbursed, you have to submit a claim by:

1. Downloading a claim form at click [here](#).
2. Providing proof of payment.
3. Sending an itemized bill from the provider showing dates of service, procedure codes, billed amounts and diagnosis codes. You also need to include the provider’s name, address and tax ID number.
4. Faxing the claim form with these items to **1-818-234-4147**, attention: Frank A.

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Here are a few important things you should know about your fertility preservation benefits:

- Before you get care and submit a claim, you must have prior authorization.
- It usually takes Anthem 30 business days to process a claim.
- Your plan pays a lifetime maximum benefit of $20,000 for fertility preservation. Fertility medication doesn’t apply to this maximum.